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2014

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

| | | | |
|--|---|---|--|
| B Check if applicable | C Name of organization JOHN WAYNE CANCER INSTITUTE | | D Employer identification number 95-4291515 |
| <input type="checkbox"/> Address change | Doing business as | | E Telephone number (310) 829-8411 |
| <input type="checkbox"/> Name change | Number and street (or P O box if mail is not delivered to street address) | | Room/suite |
| <input type="checkbox"/> Initial return | 2200 SANTA MONICA BLVD | | |
| <input type="checkbox"/> Final return/terminated | | | |
| <input type="checkbox"/> Amended return | City or town, state or province, country, and ZIP or foreign postal code | | |
| <input type="checkbox"/> Application pending | SANTA MONICA, CA 90404 | | G Gross receipts \$ 11,627,611 |
| F Name and address of principal officer James Uli 2200 SANTA MONICA BLVD SANTA MONICA, CA 90404 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527J Website: ► www.jwci.orgK Form of organization Corporation Trust Association Other ► L Year of formation 1992 M State of legal domicile CA

Part I Summary

| | | |
|---|----|-----|
| 1 Briefly describe the organization's mission or most significant activities To support research and development of, and education in, the basic and clinical sciences for the prevention, detection, diagnosis, and treatment of cancer | | |
| 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 6 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 4 |
| 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 111 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 34 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 Program service revenue (Part VIII, line 2g) | 13,693,284 | 11,493,686 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 62,173 | 107,013 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 191,725 | 1,412 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0 | 25,500 |
| | 13,947,182 | 11,627,611 |

| | | |
|--|------------|------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | 270,982 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 9,052,749 | 7,507,839 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 1,146,741 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 7,445,702 | 6,171,631 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 16,498,451 | 13,950,452 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -2,551,269 | -2,322,841 |

| | | |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26) | 15,623,858 | 9,894,687 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 7,470,322 | 9,391,547 |
| | 8,153,536 | 503,140 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

| | | |
|-----------|---|--------------------|
| Sign Here | Signature of officer James Uli CFO Type or print name and title | 2015-12-10 Date |
|-----------|---|--------------------|

| | | | | | |
|------------------------|--|---|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Sara Elizabeth J Hyre CPA | Preparer's signature Sara Elizabeth J Hyre CPA | Date | Check <input type="checkbox"/> if self-employed | PTIN P00235495 |
| | Firm's name ► Clark Nuber PS | Firm's EIN ► 91-1194016 | | | |
| | Firm's address ► 10900 NE 4th Suite 1700 Bellevue, WA 98004 | Phone no (425) 454-4919 | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

To support research and development of, and education in, the basic and clinical sciences for the prevention, detection, diagnosis, and treatment of cancer

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

| | | | | | |
|-----------|----------------------|-----------|------------------------|-----------------|-----|
| 4a | (Code) (Expenses \$ | 3,539,124 | including grants of \$ | 0) (Revenue \$ | 0) |
|-----------|----------------------|-----------|------------------------|-----------------|-----|

Melanoma Research As one of the largest melanoma centers in the U.S., the Institute conducts landmark research to identify new or recurring melanoma at its earliest stages, predict and monitor the response to systemic treatments, and develop active and passive immunotherapies for surgical and non-surgical patients

| | | | | | |
|-----------|----------------------|-----------|------------------------|-----------------|-----|
| 4b | (Code) (Expenses \$ | 2,351,544 | including grants of \$ | 0) (Revenue \$ | 0) |
|-----------|----------------------|-----------|------------------------|-----------------|-----|

Molecular Oncology The key focus of the department of molecular oncology is the development and application of molecular/genetic biomarkers for the diagnosis, prognosis and prediction of treatment response of solid tumors. Emphasis of studies are of the skin (melanoma), breast, and gastrointestinal tract. The department has developed multiple platforms to assess RNA and DNA of different types of tissues and cancers to improve diagnosis, prognosis and prediction of treatment response and has over 12 years of experience in the field and is continually improving approaches to translational quantitative oncology

| | | | | | |
|-----------|----------------------|-----------|------------------------|-----------------|-----|
| 4c | (Code) (Expenses \$ | 1,332,764 | including grants of \$ | 0) (Revenue \$ | 0) |
|-----------|----------------------|-----------|------------------------|-----------------|-----|

Translational Immunology Studying populations of patients with enhanced immunity to melanocytes (the autoimmune disease vitiligo) and examining archived specimens of tumor tissue. Using these translational tools to identify key pathways of the immune response to melanoma may provide insights to fighting cancer in general

See Additional Data

4d Other program services (Describe in Schedule O)

| | | | | |
|--------------|-----------|------------------------|-----------------------|-----------|
| (Expenses \$ | 2,999,387 | including grants of \$ | 270,982) (Revenue \$ | 107,013) |
|--------------|-----------|------------------------|-----------------------|-----------|

4e **Total program service expenses** 10,222,819

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | | No |
| 5 | | No |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11a | Yes | |
| 11b | | No |
| 11c | | No |
| 11d | Yes | |
| 11e | Yes | |
| 11f | Yes | |
| 12a | | No |
| 12b | Yes | |
| 13 | | No |
| 14a | | No |
| 14b | Yes | |
| 15 | Yes | |
| 16 | | No |
| 17 | | No |
| 18 | | No |
| 19 | | No |
| 20a | | No |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|-----|--|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | No | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | No | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | No | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | No | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | No | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 28a | No | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | No | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | No | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 29 | No | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 30 | No | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 31 | No | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 32 | Yes | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 33 | No | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 34 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 35a | No | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35b | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 36 | No | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 37 | No | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 38 | Yes | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|--|------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . | 1a | 48 | |
| 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . | 1b | 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . | 1c | Yes | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . | 2a | 111 | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | 3a | No | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | 4a | No | |
| b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | 5a | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . | 5b | No | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | No | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | 7a | No | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . | 7b | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . | 7c | No | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . | 7d | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . | 7e | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | 7f | No | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | 10a | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10b | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 Section 501(c)(12) organizations. Enter | 11a | | |
| a Gross income from members or shareholders . . . | 11b | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13b | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . | 14a | No | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . | 14b | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|--|---------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 6 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| 1b Enter the number of voting members included in line 1a, above, who are independent | 1b 4 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 Yes | | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 No | | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 No | | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 No | | |
| 6 Did the organization have members or stockholders? | 6 Yes | | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a Yes | | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b Yes | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | 8a Yes | | |
| a The governing body? | 8b Yes | | |
| b Each committee with authority to act on behalf of the governing body? | 9 Yes | | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|----------------|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a No | |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a Yes | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a Yes | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b Yes | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c Yes | |
| 13 Did the organization have a written whistleblower policy? | 13 Yes | |
| 14 Did the organization have a written document retention and destruction policy? | 14 Yes | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a No | |
| b Other officers or key employees of the organization | 15b No | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a No | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

| | |
|---|--|
| 17 List the States with which a copy of this Form 990 is required to be filed | <input checked="" type="checkbox"/> CA |
| 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply | |
| <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records | |
| Karl E Fritschel CPA | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099- MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|---|--|-----------------------|---------|--------------|---------------------|--------|--|---|--|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | | | |
| (1) Patrick Wayne | 2 00 | | | X | | | | | 0 | 0 |
| Board Chair | 0 00 | | | | X | | | | 0 | 0 |
| (2) Michael Wayne | 2 00 | | | X | | | | | 0 | 0 |
| Vice Chair/Secretary | 0 00 | | | | X | | | | 0 | 0 |
| (3) Mike Wall Thru 814 | 2 00 | | | X | | | | | 0 | 1,422,851 |
| CEO/St. John's | 58 00 | | | | X | | | | 1,422,851 | 0 |
| (4) Marcel Loh Eff 914 | 2 00 | | | X | | | | | 0 | 605,342 |
| CEO/St. John's | 48 00 | | | | X | | | | 605,342 | 36,843 |
| (5) Anton Bilchik | 50 00 | | | X | | | | | 401,506 | 0 |
| Director/CMO | 0 00 | | | | X | | | | 401,506 | 2,757 |
| (6) Doug Mancino | 2 00 | | | X | | | | | 0 | 0 |
| Director | 0 00 | | | | X | | | | 0 | 0 |
| (7) Jay Lichter PhD | 2 00 | | | X | | | | | 0 | 0 |
| Director | 0 00 | | | | X | | | | 0 | 0 |
| (8) Randy Axelrod MD | 2 00 | | | X | | | | | 0 | 701,506 |
| Director (2/14-12/14) | 58 00 | | | | X | | | | 701,506 | 245,641 |
| (9) Michael Hunn | 2 00 | | | X | | | | | 0 | 829,529 |
| Director (2/14-8/14) | 58 00 | | | | X | | | | 829,529 | 95,391 |
| (10) Barry Harding | 2 00 | | | | X | | | | 0 | 390,000 |
| CFO/St. John's | 48 00 | | | | | X | | | 390,000 | 0 |
| (11) Delphine Lee | 40 00 | | | | | X | | | 320,730 | 0 |
| Dir. Translational Immunology | 0 00 | | | | | | X | | 320,730 | 11,842 |
| (12) Dave S Hoon | 40 00 | | | | | | X | | 244,959 | 0 |
| Dir. Molecular Oncology Lab | 0 00 | | | | | | | X | 244,959 | 12,306 |
| (13) Mark B Faries | 40 00 | | | | | | X | | 195,097 | 0 |
| Dir. Melanoma Research | 0 00 | | | | | | | X | 195,097 | 19,447 |
| (14) Maureen Chung | 40 00 | | | | | | | X | 188,659 | 0 |
| Dir. Breast Cancer Research | 0 00 | | | | | | | | 188,659 | 11,071 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|------------------|--------------|-----------------|---|---|--|---|
| | | Or director | Individual trustee | Insti trustee | Office ee | Key employee | Highest employee compensated per year | | | |
| (15) Andrew Trilling VP/Development | 40.00 0.00 | | | | X | | | 177,673 | 0 | 19,803 |

| | | | |
|--|-----------|-----------|---------|
| 1b Sub-Total | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | 1,528,624 | 3,949,228 | 455,101 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►12**

| | | Yes | No |
|---|----------|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| Regents of University of California 10920 Wilshire Blvd 107 Los Angeles, CA 90024 | Subcontracts, Outside Svcs , Consulting | 448,028 |
| Huron Consulting Group Inc 550 W Van Buren St Chicago, IL 60607 | Financial Consulting | 393,537 |
| Melanoma Institute of Australia 40 Rocklands Road North Sydney 02060 AS | Multicenter Trial Costs | 103,650 |
| Guard Systems Inc 1190 Monterey Pass Road Monterey Park, CA 91754 | Security Services | 103,286 |
| Perkins Coie LLP 1201 Third Ave Seattle, WA 98101 | Legal Services | 101,849 |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5 | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|----------------------|--|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d 2,600,521 | | | | |
| | e Government grants (contributions) | 1e 4,527,596 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 4,365,569 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f | | 11,493,686 | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2a Sequencing Center Svcs | 900099 | | 62,990 | 62,990 | |
| | b Fellows Surg Revenue | 900099 | | 44,023 | 44,023 | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | | 107,013 | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,412 | | 1,412 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | 4,656 | | 4,656 | |
| | 6a Gross rents | (I) Real | (II) Personal | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (I) Securities | (II) Other | | | |
| b Less cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) | | | | | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a Librarian Services | 900099 | | 20,000 | | 20,000 | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | 844 | | 844 | |
| e Total. Add lines 11a-11d | | | 20,844 | | | |
| 12 Total revenue. See Instructions | | | 11,627,611 | 107,013 | 0 | |
| | | | | | 26,912 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-------------------------------|---|--|---|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 167,332 | 167,332 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 103,650 | 103,650 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 404,263 | 404,263 | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 6,502,412 | 4,892,063 | 882,392 | 727,957 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 126,640 | 96,910 | 16,290 | 13,440 |
| 9 Other employee benefits | 125,913 | 96,984 | 15,852 | 13,077 |
| 10 Payroll taxes | 348,611 | 268,516 | 43,888 | 36,207 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 141,727 | 130,771 | | 10,956 |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,350,621 | 1,388,269 | 922,864 | 39,488 |
| 12 Advertising and promotion | 104,592 | 7,321 | 3,138 | 94,133 |
| 13 Office expenses | 345,709 | 58,771 | 276,567 | 10,371 |
| 14 Information technology | 68,648 | 54,918 | 6,865 | 6,865 |
| 15 Royalties | | | | |
| 16 Occupancy | 1,661,163 | 1,328,930 | 249,174 | 83,059 |
| 17 Travel | 95,675 | 56,448 | 1,914 | 37,313 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 134,169 | 79,160 | 2,683 | 52,326 |
| 20 Interest | 6,111 | | 6,111 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 370,502 | 296,402 | 55,576 | 18,524 |
| 23 Insurance | 162,787 | 107,439 | 55,348 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a Medical Supplies | 627,474 | 627,474 | | |
| b Bad Debts | 34,080 | 34,080 | | |
| c Dues & Subscriptions | 30,502 | | 30,502 | |
| d Tax & License | 11,184 | | 11,184 | |
| e All other expenses | 26,687 | 23,118 | 544 | 3,025 |
| 25 Total functional expenses. Add lines 1 through 24e | 13,950,452 | 10,222,819 | 2,580,892 | 1,146,741 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|--|---------------------------------|---------------------------|
| Assets | | | |
| 1 | Cash—non-interest-bearing | -2,703,154 | 1 2,938 |
| 2 | Savings and temporary cash investments | 6,666,086 | 2 2,742,270 |
| 3 | Pledges and grants receivable, net | 8,860,115 | 3 4,658,504 |
| 4 | Accounts receivable, net | 6,336 | 4 942 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 75,292 | 5 |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 6 | |
| 7 | Notes and loans receivable, net | 7 | |
| 8 | Inventories for sale or use | 8 | |
| 9 | Prepaid expenses and deferred charges | 358,637 | 9 236,365 |
| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,164,423 |
| b | Less accumulated depreciation | 10b | 266,192 |
| | | 2,276,807 | 10c 898,231 |
| 11 | Investments—publicly traded securities | 11 | |
| 12 | Investments—other securities See Part IV, line 11 | 12 | |
| 13 | Investments—program-related See Part IV, line 11 | 13 | |
| 14 | Intangible assets | 14 | |
| 15 | Other assets See Part IV, line 11 | 83,739 | 15 1,355,437 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 15,623,858 | 16 9,894,687 |
| Liabilities | | | |
| 17 | Accounts payable and accrued expenses | 415,886 | 17 763,603 |
| 18 | Grants payable | 18 | |
| 19 | Deferred revenue | 19 | 39,524 |
| 20 | Tax-exempt bond liabilities | 20 | |
| 21 | Escrow or custodial account liability Complete Part IV of Schedule D | 21 | |
| 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 7,054,436 | 25 8,588,420 |
| 26 | Total liabilities. Add lines 17 through 25 | 7,470,322 | 26 9,391,547 |
| Net Assets or Fund Balances | | | |
| | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| 27 | Unrestricted net assets | -3,034,919 | 27 -5,341,568 |
| 28 | Temporarily restricted net assets | 11,188,455 | 28 5,844,708 |
| 29 | Permanently restricted net assets | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| 30 | Capital stock or trust principal, or current funds | 30 | |
| 31 | Paid-in or capital surplus, or land, building or equipment fund | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | 32 | |
| 33 | Total net assets or fund balances | 8,153,536 | 33 503,140 |
| 34 | Total liabilities and net assets/fund balances | 15,623,858 | 34 9,894,687 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|---|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,627,611 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,950,452 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -2,322,841 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,153,536 |
| 5 | Net unrealized gains (losses) on investments | 5 | 35,811 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 1,019,942 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -6,383,308 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 503,140 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|---|-----|-----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | No |
| 2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis | 2b | Yes |
| 2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes |

Additional Data

Software ID:
Software Version:
EIN: 95-4291515
Name: JOHN WAYNE CANCER INSTITUTE

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

| | | | | | |
|--|----------------|-----------|------------------------|-----------------------|-----------|
| (Code |) (Expenses \$ | 2,728,405 | including grants of \$ | 0) (Revenue \$ | 107,013) |
| Other Services - Medical Education, Neuro oncology, Breast Cancer Research, Gastrointestinal, Endocrine Bone & Bio Stats | | | | | |
| (Code |) (Expenses \$ | 270,982 | including grants of \$ | 270,982) (Revenue \$ | 0) |
| Grants & Allocations | | | | | |

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**

JOHN WAYNE CANCER INSTITUTE

Employer identification number

95-4291515

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

Saint John's Health Center,

Santa Monica, CA

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
 b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.
 c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
 d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 f Enter the number of supported organizations
 g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 Total support Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► | | |
| b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► | | |
| 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► | | |
| b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► | | | | | | |

Section C. Computation of Public Support Percentage

| | |
|---|----|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|---|----|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► | |
| b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► | |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

| | Yes | No |
|------------|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |
| 11a | | |
| 11b | | |
| 11c | | |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a The organization satisfied the Activities Test Complete **line 2** below

b The organization is the parent of each of its supported organizations Complete **line 3** below

c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
 6 Other expenses (see instructions)
 8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
 a Average monthly value of securities
 b Average monthly cash balances
 c Fair market value of other non-exempt-use assets
 d **Total** (add lines 1a, 1b, and 1c)
 e **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
 2 Acquisition indebtedness applicable to non-exempt use assets
 3 Subtract line 2 from line 1d
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
 6 Multiply line 5 by 035
 7 Recoveries of prior-year distributions
 8 **Minimum Asset Amount** (add line 7 to line 6)

| | (A) Prior Year | (B) Current Year (optional) |
|----|----------------|--------------------------------|
| 1 | | |
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | | Current Year |
|---|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Section D - Distributions

| | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. | | | |
| b From 2010. | | | |
| c From 2011. | | | |
| d From 2012. | | | |
| e From 2013. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. | | | |
| b From 2011. | | | |
| c From 2012. | | | |
| d From 2013. | | | |
| e From 2014. | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

2014

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**
JOHN WAYNE CANCER INSTITUTE**Employer identification number**

95-4291515

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

| | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | Amount |
|-----------|---------------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| Yes | No |
|---------------|-----------|
| 3a(i) | |
| 3a(ii) | |
| 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|-------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | | 4,200 | 1,463 | 2,737 | |
| d Equipment | | 1,160,223 | 264,729 | 895,494 | |
| e Other | | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | | 898,231 |

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|-----------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
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Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Total. (Column (B) must equal Form 990, Part X, col (B) line 13) ►

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 6,886,132 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 35,811 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | 45,230 |
| d | Other (Describe in Part XIII) | 2d | 519,336 |
| e | Add lines 2a through 2d | 2e | 600,377 |
| 3 | Subtract line 2e from line 1 | 3 | 6,285,755 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 5,341,856 |
| c | Add lines 4a and 4b | 4c | 5,341,856 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 11,627,611 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 14,236,009 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 285,557 |
| e | Add lines 2a through 2d | 2e | 285,557 |
| 3 | Subtract line 2e from line 1 | 3 | 13,950,452 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 13,950,452 |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

| Return Reference | Explanation |
|---------------------------------------|---|
| Part X, Line 2 | Providence Health & Services, the Health System recognizes the effect of income tax positions only if those positions are more likely than not of being sustained upon an audit by the taxing authority. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs |
| Part XI, Line 2d - Other Adjustments | Correction of Beneficial Interest in Foundation 519,336 |
| Part XI, Line 4b - Other Adjustments | Net Asset Transfers - Contribution Related 5,341,856 |
| Part XII, Line 2d - Other Adjustments | Change in Value of Property & Equipment 1,041,452 System Conversion Affiliation Adjustment - 755,895 |
| | |
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Part XIII Supplemental Information (continued)

| Return Reference | Explanation |
|------------------|-------------|
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2014

Open to Public
InspectionSCHEDULE F
(Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

JOHN WAYNE CANCER INSTITUTE

Employer identification number

95-4291515

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) East Asia and the Pacific | 0 | 0 | Grants to Recipients Located in the Region | | 103,650 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 103,650 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 103,650 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50082W

Schedule F (Form 990) 2014

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
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Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, Line 2 | Payment is made only when data submission confirms protocol compliance. The Institute enforces control of the work product at all times. |

**Schedule I
(Form 990)****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
JOHN WAYNE CANCER INSTITUTEEmployer identification number
95-4291515**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (1) Fashion Footwear Charitable Foundation 232 Madison Ave 1107 New York, NY 10016 | 13-4112482 | 501 (C)(3) | 100,000 | | | | FFANY Shoes on Sale Gala Support |
| (2) John Wayne Cancer Institute Auxiliary 2200 Santa Monica Blvd Santa Monica, CA 90404 | 95-3987691 | 501 (C)(3) | 16,500 | | | | JWCIA Odyssey Ball Sponsorship |
| (3) Associates for Breast and Prostate Cancer Studies Inc 5670 Wilshire Blvd 830 Los Angeles, CA 90036 | 95-4246971 | 501 (C)(3) | 12,100 | | | | ABCS Gala/Mother's Day Luncheon Sponsorship |
| (4) Saint John's Health Center Foundation 1919 Santa Monica Blvd 100 Santa Monica, CA 90404 | 95-6100079 | 501 (C)(3) | 9,000 | | | | Caritas Gala Sponsorship/Power of Pink Gala Support |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 4

3 Enter total number of other organizations listed in the line 1 table ► 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------|---|
| Part I, Line 2 | Grants are provided only to other nonprofit entities. Community support grants are approved by the Board of Directors in accordance with established protocol |

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
JOHN WAYNE CANCER INSTITUTE

Employer identification number

95-4291515

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

| | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

| | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
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| 4a | | No |
| 4b | Yes | |
| 4c | | No |
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| 5a | | No |
| 5b | | No |
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| 6a | | No |
| 6b | | No |
| | | |
| 7 | | No |
| 8 | | No |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

| Return Reference | Explanation |
|-----------------------------------|---|
| Part I, Line 4b | NONQUALIFIED RETIREMENT PLANS A) SERP = Supplemental Executive Retirement Plan 1) Michael Hunn a) Taxable SERP Earned but not Paid - \$212,524 b) SERP Interest Credit - \$52,013 2) Randy Axelrod a) SERP Earned but not Vested - \$210,806 |
| FORM 990, PART VII, SECTION A | Anton Bilchik was compensated by John Wayne Cancer Institute for his role as Chief Medical Officer of the Institute Marcel Loh, Randy Axelrod, MD and Michael Hunn were compensated by Providence Health & Services for their roles as Providence Executives None of the Board members received compensation related to their service on the Board |
| SCHEDULE J, PART II, COLUMN B, II | Marcel Loh and Michael Hunn participated in the Executive Performance Award program of Providence Health & Services discussed below The Providence Executive Incentive Program provides a lump sum award annually as a percent of the executive's base pay Percent opportunities are aligned with our total compensation philosophy as outlined in Part VI, Section B, Line 15 (Process for determining compensation of top management, officers & key employees) The performance award is based on the level of accomplishment of annual system objectives In 2014, 100 percent of the participant awards were based on pre-determined organizational goals consistent with Providence's six strategic priorities of creating healthier communities together, inspire and develop our people, building enduring relationships with consumers, create alignment with clinicians & care teams, develop and thrive under new care delivery & economic models, and grow by optimizing expert-to-expert capabilities For 2014, the percent allocation for each of these strategic priorities is outlined below * Creating Healthier Communities, Together Community Benefit 10% System Leadership Council - 10% System Role including Providence Senior & Community Services (PSCS) - 10% Region Role Regional Chief Executives (RCEs) and Reports * Inspire and Develop Our People Core Leader Engagement 10% System Leadership Council - 10% Providence Strategic and Management Services (PSMS) System Role including PSCS - 10% Region Role RCEs and Reports Employee Health Index 5% System Leadership Council - 5% System Role including PSCS - 5% System Region Role RCEs and Reports * Building Enduring Relationships with Consumers MyChart Activations 5% System Leadership Council - 5% System Role including PSCS - 5% Region Role RCEs and Reports Patient Loyalty Index 5% System Leadership Council - 5% System Role including PSCS - 5% Region Role RCEs and Reports * Create Alignment with Clinicians & Care Teams Clinical Excellence Index 10% System Leadership Council - 10% System Role including PSCS - 10% Region Role RCEs and Reports * Develop and Thrive Under New Care Delivery & Economic Models Salary Expense as % of Net Service Revenue 10% System Leadership Council - 10% PSMS System Role including PSCS - 10% Region Role RCEs and Reports Supply Expense as % of Net Service Revenue 5% System Leadership Council - 5% System Role including PSCS - 5% Region Role RCEs and Reports Primary Care Panel Size 5% System Leadership Council - 5% System Role including PSCS - 5% Region Role RCEs and Reports Clinical Network Performance 10% System Leadership Council - 10% System Role including PSCS - 10% System Region Role RCEs and Reports * Grow by Optimizing Expert-to-Expert Capabilities Free Cash Flow 15% System Leadership Council - 15% System Role including PSCS - 15% Region Role RCEs and Reports Unduplicated Patient Count 10% System Leadership Council - 10% System Role including PSCS - 10% Region Role RCEs and Reports TOTAL ALLOCATION 100% Leadership Council - 100% System Role including PSCS - 100% Region Role RCEs and Reports |

Additional Data**Software ID:**
Software Version:**EIN:** 95-4291515**Name:** JOHN WAYNE CANCER INSTITUTE**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| | (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|--|-----------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Mike Wall Thru 814, CEO/St John's | (i) 0 (ii) 0 | 0 | 0 | 0 1,422,851 | 0 0 | 0 0 | 0 1,422,851 | 0 0 |
| 1 Marcel Loh Eff 914, CEO/St John's | (i) 0 (ii) 354,324 | 0 | 205,250 | 0 45,768 | 0 19,500 | 0 17,343 | 0 642,185 | 0 0 |
| 2 Anton Bilchik, Director/CMO | (i) 401,506 (ii) 0 | 0 | 0 | 0 0 | 202 0 | 2,555 0 | 404,263 0 | 0 0 |
| 3 Randy Axelrod MD, Director (2/14-12/14) | (i) 0 (ii) 681,191 | 0 | 0 | 0 20,315 | 0 222,506 | 0 23,135 | 0 947,147 | 0 0 |
| 4 Michael Hunn, Director (2/14-8/14) | (i) 0 (ii) 376,243 | 0 | 212,524 | 0 240,762 | 0 73,664 | 0 21,727 | 0 924,920 | 0 0 |
| 5 Barry Harding, CFO/St John's | (i) 0 (ii) 390,000 | 0 | 0 | 0 0 | 0 0 | 0 0 | 0 390,000 | 0 0 |
| 6 Delphine Lee, Dir Translational Immunology | (i) 320,730 (ii) 0 | 0 | 0 | 0 0 | 143 0 | 11,699 0 | 332,572 0 | 0 0 |
| 7 Dave S Hoon, Dir Molecular Oncology Lab | (i) 240,401 (ii) 0 | 0 | 4,558 | 0 0 | 5,468 0 | 6,838 0 | 257,265 0 | 0 0 |
| 8 Mark B Faries, Dir Melanoma Research | (i) 195,097 (ii) 0 | 0 | 0 | 0 0 | 1,559 0 | 17,888 0 | 214,544 0 | 0 0 |
| 9 Maureen Chung, Dir Breast Cancer Research | (i) 163,684 (ii) 0 | 0 | 24,975 | 0 0 | 2,883 0 | 8,188 0 | 199,730 0 | 0 0 |
| 10 Andrew Trilling, VP/Development | (i) 177,673 (ii) 0 | 0 | 0 | 0 0 | 1,926 0 | 17,877 0 | 197,476 0 | 0 0 |

**SCHEDULE N
(Form 990 or 990-EZ)****Liquidation, Termination, Dissolution, or Significant Disposition of Assets**

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
JOHN WAYNE CANCER INSTITUTEEmployer identification number
95-4291515**Part I Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|-----------------------------------|---|
| | | | | | | | |

| | | Yes | No |
|---|--|-----|----|
| 2 | Did or will any officer, director, trustee, or key employee of the organization | | |
| a | Become a director or trustee of a successor or transferee organization? | 2a | |
| b | Become an employee of, or independent contractor for, a successor or transferee organization? | 2b | |
| c | Become a direct or indirect owner of a successor or transferee organization? | 2c | |
| d | Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? | 2d | |
| e | If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ► | | |

Part I Liquidation, Termination, or Dissolution (continued)

| Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0- | | | | | | | Yes | No |
|---|--|--|--|--|--|--|-----|----|
| 3 | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III | | | | | | 3 | |
| 4a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | | | | | | 4a | |
| b | If "Yes," did the organization provide such notice? | | | | | | 4b | |
| 5 | Did the organization discharge or pay all of its liabilities in accordance with state laws? | | | | | | 5 | |
| 6a | Did the organization have any tax-exempt bonds outstanding during the year? | | | | | | 6a | |
| b | If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? | | | | | | 6b | |
| c | If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" to line 6b, explain in Part III | | | | | | | |

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|--|---|
| | Temporarily Restricted Net Asset Transfer | 03-01-2014 | 5,341,856 | FMV | 95-6100079 | Saint John's Hospital Health Center Foundation 2121 Santa Monica Blvd Santa Monica, CA 90404 | 501(c)(3) |

| 2 | Did or will any officer, director, trustee, or key employee of the organization | Yes | No |
|---|--|-----|----|
| a | Become a director or trustee of a successor or transferee organization? | 2a | No |
| b | Become an employee of, or independent contractor for, a successor or transferee organization? | 2b | No |
| c | Become a direct or indirect owner of a successor or transferee organization? | 2c | No |
| d | Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? | 2d | No |
| e | If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ► | | |

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------|---|
| SCHEDULE N, PART II | There was a substantial contraction of Net Assets as a result of the audit performed at year end Assets previously reported on the Institute books were actually assets that should have been reported on the related Foundation books. This should be a one time only audit adjustment. The organization is not ceasing operations |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2014**Open to Public
Inspection**Name of the organization
JOHN WAYNE CANCER INSTITUTE**Employer identification number**

95-4291515

| Return Reference | Explanation |
|--------------------------------------|--|
| Form 990, Part VI, Section A, line 2 | Patrick Wayne & Michael Wayne have a family relationship |

| Return Reference | Explanation |
|--------------------------------------|--|
| Form 990, Part VI, Section A, line 6 | The sole Corporate Member is Providence Saint John's Health Center, a California nonprofit religious corporation |

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section A, line 7a | The Corporate Member has the power to 1) Appoint or remove, with or without cause, after consultation with the Corporation's Board of Directors, any member of the Board of Directors 2) Ensure the presence of the Corporate Member on the Board of Directors of this Corporation, to appoint representatives of the Corporate Member to the Board of Directors of this Corporation 3) Appoint or remove, with or without cause, after consultation with the Corporation's Board of Directors and the President/CEO of the Corporate Member, the President/CEO of this Corporation |

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section A, line 7b | Powers of the Corporate Member include the power to 1) Change the Mission and Philosophy 2) Adopt, amend or repeal the Articles of Incorporation or Bylaws 3) Implement corporate goals, policies and procedures 4) Approve the acquisition of assets, incurrence of indebtedness or the lease, sale, transfer, assumption, or encumbering of assets 5) Approve the merger, dissolution or corporate restructuring 6) Approve all long-range and strategic plans and operating and capital budgets and deviations thereto 7) Approve any capital expenditure of unrestricted funds not contained in the budget and in excess of a \$100,000 threshold 8) Appoint the auditors |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, line 11 | The Form 990 is prepared internally by experienced staff and reviewed by the internal Director of Taxes of Providence Health & Services and external tax advisors. The Board of Directors reviewed the Form 990 prior to filing with the IRS. |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, line 12c | The Administrative Director of Compliance and Legal, the Audit Committee, and the governing Board reviews the conflict of interest statements. Potential conflicts are reviewed by the organizational Responsibility Officer and the CEO. Significant issues are reviewed by Compliance, Legal, the Audit Committee and governing Board and resolved accordingly under guidance from legal counsel. |

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section B, line 15 | <p>Through its affiliation with Providence Health & Services, the following process applies to compensation. It is Providence's intention to make financial information accessible and transparent. Although the filing of Form 990 provides insight into how Providence achieves its Mission, delivers its programs and stewards its finances, deciphering the information directly from Form 990 can be challenging. The following paragraphs provide further information about the process we use to determine compensation for top management, officers and key employees. Providence has a single fiduciary Board, with responsibility for financial oversight associated with fulfillment of the Providence Mission, developing system policies, protecting the assets entrusted to the organization and overseeing the strategic and operational affairs of Providence's legal entities. Providence also maintains a network of community ministry boards with responsibility for quality of care oversight, community relations, advocacy and community needs assessments. Providence has a consistent compensation philosophy for all of its employees, including our senior executives. Salaries for senior executives are reviewed by the Providence Board's Human Resources Committee and approved by the full Board of Directors, none of whom is a Providence employee. The Board retains an independent consultant each year to review salaries of those in the most significant leadership roles in the organization. Part of the consultant's role is to review an extensive array of compensation surveys of large, not-for-profit health care systems in the United States. Providence is one of the larger health systems in the country, and as such, the Board benchmarks executive compensation against other large, not-for-profit health systems whose revenue is similar to that of Providence. Base salaries for Providence executives are set at the median level of the market, as identified by the independent consultant and reviewed with the Human Resources Committee. Each year, the Board Chair conducts a formal performance evaluation of the President/CEO that considers input from the other directors and senior leaders reporting to the President. The evaluation is discussed with the Human Resources Committee and then a recommendation is made by the committee to the full Board. The Board Chair and the Chair of the Human Resources Committee also meet with an independent consultant to develop a salary recommendation, which is reviewed and approved first by the committee and then by the Board of Directors. Additionally, the President/CEO utilizes the market information provided by the consultant along with formal performance evaluations, to determine salary recommendations for other senior executives. This process includes a rigorous analysis of those recommendations with the Human Resources Committee as a part of the review and approval process. Performance incentives allow executives to earn additional compensation if they achieve specific organizational goals for furthering Providence operating commitments and strategic objectives - advancing the Providence Mission and core values, meeting benchmarks for charity care, achieving quality targets, delivering top-rated patient satisfaction, meeting employee satisfaction goals and reaching financial performance objectives. The Board of Directors conducts a thorough process to ensure performance incentives are aligned with appropriate practices for not-for-profit health care systems. The Board's process for executive compensation fully complies with IRS standards and mirrors the best practices recommended in the "Report to Congress and the Nonprofit Sector on Governance, Transparency, and Accountability" submitted to the Senate Finance Committee by the Panel on the Nonprofit Sector.</p> |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section C, line 19 | Public disclosure of governing documents, conflict of interest policy and 990 filings are made available to the public upon request. The consolidated financial statements are available on the public Internet site www2.providence.org |

| Return Reference | Explanation |
|---------------------|--|
| Form 990, Part VII | Randy Axelrod, MD - 1801 Lind Ave SW #9016, Renton, WA 98057 Michael Hunn - 1801 Lind Ave SW #9016, Renton, WA 98057 |

| Return Reference | Explanation |
|-----------------------------------|--|
| Form 990, Part IX, line 11g | <p>Medical Purchased Services Program service expenses 827,141 Management and general expenses 0 Fundraising expenses 0 Total expenses 827,141</p> <p>Repairs & Maintenance Program service expenses 38,843 Management and general expenses 300,154 Fundraising expenses 14,125 Total expenses 353,122</p> <p>Consulting Program service expenses 62,175 Management and general expenses 471,020 Fundraising expenses 25,363 Total expenses 558,558</p> <p>Agency/Contract Labor Program service expenses 405,586 Management and general expenses 31,548 Fundraising expenses 0 Total expenses 437,134</p> <p>Parking & Security Services Program service expenses 0 Management and general expenses 120,142 Fundraising expenses 0 Total expenses 120,142</p> <p>Misc Purchased Services Program service expenses 54,524 Management and general expenses 0 Fundraising expenses 0 Total expenses 54,524</p> |

| Return Reference | Explanation |
|---------------------------|---|
| Form 990, Part XI, line 9 | Change in Value of Property & Equipment -1,041,452 Net Assets Transfers - Contribution Related -5,341,856 |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART I LINE 6 - VOLUNTEERS | Volunteers serve in various capacities * Organizing and updating the Cancer Center patient library * Supporting staff with clerical tasks and providing peer support to patients in the Cancer Clinic * Leading free yoga classes for breast cancer patients * Supporting the research of doctors in the John Wayne Cancer Institute Research Center * Providing clerical support in the Brain Tumor Center |

| Return Reference | Explanation |
|---|---|
| FORM 990, SCHEDULE R - RELATED ORGANIZATIONS | AFFILIATION AGREEMENTS Effective March 1, 2014, Providence Health System entered into an affiliation agreement with Sisters of Charity of Leavenworth Health System (SCL) to transfer sponsorship of Saint John's Health Center (Saint John's) to the Health System. Saint John's operates a nonprofit medical center, a cancer institute, and physician clinics to serve the Santa Monica, California community and surrounding area. Effective May 1, 2014, the Health System entered into an affiliation agreement with PacMed Clinics (PacMed). PacMed is a private, nonprofit, multi-specialty medical group with nine clinics in the Puget Sound area and more than 150 primary care and specialty providers at the date of affiliation. Pursuant to the affiliation agreement, Western HealthConnect became PacMed's sole corporate Member. No cash or other purchase consideration was transferred to effect the affiliation. Effective June 13, 2014, the Health System entered into an affiliation agreement with Kadlec Health System (Kadlec). Kadlec operates a nonprofit medical center, a neurological resource center, a supporting foundation, and physician clinics to serve the tri-cities area of Kennewick, Pasco, and Richland, Washington. Pursuant to the affiliation agreement, Western HealthConnect became the sole member of Kadlec. No cash or other purchase consideration was transferred to effect the affiliation. |

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public
Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
JOHN WAYNE CANCER INSTITUTE

Employer identification number

95-4291515

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|
| See Additional Data Table | | | | | | Yes No |

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|--|---|----|--------------------------------|
| | | | | | | | | | Yes | No | |
| See Additional Data Table | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| See Additional Data Table | | | | | | | | | |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|----|-----|----|
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | Yes | |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| 1o | Yes | |
| 1p | Yes | |
| 1q | Yes | |
| 1r | | No |
| 1s | Yes | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership |
|---|-------------------------|--|--|---|----|------------------------------------|--|---|----|---|---|--------------------------------|
| | | | | Yes | No | | | Yes | No | | | |
| | | | | | | | | | | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule R (Form 990) 2014

Additional Data

Software ID:
Software Version:
EIN: 95-4291515
Name: JOHN WAYNE CANCER INSTITUTE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|------------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| (1) Providence Health & Services - Washington 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216586 | Healthcare System | WA | 501(c)(3) | Line 3 | Providence Health & Services | | No |
| (1) Providence Health & Services - Oregon 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216587 | Healthcare System | OR | 501(c)(3) | Line 3 | Providence Health & Services | | No |
| (2) Providence Health System - So California 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216589 | Healthcare System | CA | 501(c)(3) | Line 3 | Providence Health & Services | | No |
| (3) Everett Transitional Care Services PO Box 5128 Everett, WA 982065128 94-3264605 | Transitional Care | WA | 501(c)(3) | Line 9 | N/A | | No |
| (4) Providence Oregon Management Corporation 1801 Lind Avenue SW 9016 Renton, WA 980579016 93-0813977 | Shell Corporation | OR | 501(c)(3) | Line 1 | PH & S - Oregon | | No |
| (5) Providence Plan Partners 4400 NE Halsey Bldg 2 Portland, OR 97213 91-1861964 | Healthcare Services | OR | 501(c)(4) | N/A | PH & S - Oregon | | No |
| (6) Providence Health Plan 4400 NE Halsey Bldg 2 Portland, OR 97213 93-0863097 | Health Service Contractor | OR | 501(c)(4) | N/A | Providence Plan Partners | | No |
| (7) Providence Health Assurance 4400 NE Halsey Bldg 2 Portland, OR 97213 55-0828701 | Medicaid Healthcare Provider | OR | 501(c)(4) | N/A | Providence Health Plan | | No |
| (8) Providence Medical Institute 4101 Torrance Blvd Torrance, CA 90503 33-0283773 | Healthcare | CA | 501(c)(3) | Line 11/Type I | PHS - So California | | No |
| (9) Little Company of Mary Ancillary Services Corporation 4101 Torrance Blvd Torrance, CA 90503 33-0844408 | Imaging Services | CA | 501(c)(3) | Line 9 | PHS - So California | | No |
| (10) Providence TrinityCare Hospice 5315 Torrance Blvd Suite B1 Torrance, CA 90503 95-3264139 | Hospice | CA | 501(c)(3) | Line 9 | PHS - So California | | No |
| (11) Providence Blanchet Association 1700 Providence Pl Centralia, WA 98531 91-1789266 | Housing | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (12) St Luke Association 350 Washington Ave SE Chehalis, WA 98352 94-3176618 | Housing | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (13) Providence Rossi Association 1700 Providence Pl Centralia, WA 98531 31-1584166 | Housing | WA | 501(c)(3) | Line 9 | PH & S - Washington | | No |
| (14) Lundberg Association 5921 E Burnside Portland, OR 97215 91-1562797 | Housing | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (15) Providence St Francis Association 3415 12th Avenue NE Olympia, WA 98506 94-3244854 | Housing | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (16) Providence Peter Claver Association 7101 38th Avenue South Seattle, WA 98118 31-1629656 | Housing | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (17) Providence St Elizabeth House Association 3201 SW Graham St Seattle, WA 98126 91-2171539 | Housing | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (18) Providence Gamelin House Association 4515 MLK Jr Way S Ste 200 Seattle, WA 98108 31-1744654 | Housing | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (19) The Gamelin Association 312 North Fourth St Yakima, WA 98901 91-1180824 | Housing | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| (21) The Gamelin Oregon Association 5520 NE Glisan Portland, OR 97213 91-1214491 | Housing | OR | 501(c)(3) | Line 9 | PH & S - Oregon | | No |
| (1) The Gamelin California Association 540 23rd St Oakland, CA 94612 91-1293869 | Housing | CA | 501(c)(3) | Line 9 | PHS - So California | | No |
| (2) Gamelin Washington Association 1423 First Avenue Seattle, WA 98101 20-1910170 | Housing | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (3) Providence Foundation 1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3078543 | Support PH&S Institutions | WA | 501(c)(3) | Line 11/Type I | PH & S - Washington | | No |
| (4) Providence Alaska Foundation 3300 Providence Drive - B Tower2 Anchorage, AK 99508 92-0093565 | Support PHS-Alaska | AK | 501(c)(3) | Line 11/Type I | PH & S - Washington | | No |
| (5) Providence St Peter Foundation 413 Lilly Road NE Olympia, WA 985065166 91-1097056 | Support Affiliated Tax- Exempt Organization | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (6) Providence Health Care Foundation (Centralia) 914 S Scheuber Road Centralia, WA 98531 91-1433382 | Support Providence Centralia Hospital | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (7) Providence Mount St Vincent Foundation 4831 - 35th Avenue SW Seattle, WA 981262799 91-1188119 | Support Providence Mount St Vincent | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (8) Providence Marianwood Foundation 3725 Providence Point Drive SE Issaquah, WA 980297219 93-1554288 | Support Providence Marianwood | WA | 501(c)(3) | Line 11/Type I | PH & S - Washington | | No |
| (9) Providence Newberg Health Foundation 1001 Providence Drive Newberg, OR 97132 93-0889144 | Support Providence Newberg Medical Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (10) Providence Seaside Hospital Foundation 725 S Wahanna Rd Seaside, OR 97138 93-0927320 | Support Providence Seaside Hospital | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (11) Providence Community Health Foundation 1111 Crater Lake Ave Medford, OR 97504 93-0692907 | Support Providence Medford Medical Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (12) Providence Benedictine Nursing Center Foundation 540 South Main St Mt Angel, OR 973629532 91-1940286 | Support Providence Benedictine Nursing Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (13) Providence Portland Medical Foundation 4805 NE Glisan St Portland, OR 972132967 93-1231494 | Support Providence Portland Medical Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (14) Providence St Vincent Medical Foundation 9205 SW Barnes Rd Portland, OR 97225 93-0575982 | Support Providence St Vincent Medical Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (15) Providence Milwaukee Foundation 10150 SE 32nd Milwaukee, OR 97222 94-3079515 | Support Providence Milwaukee Hospital | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (16) Providence Child Center Foundation 830 NE 47th Portland, OR 97213 93-0800140 | Support Providence Child Center | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (17) Providence TrinityCare Hospice Foundation 5315 Torrance Blvd Suite B1 Torrance, CA 90503 33-0261016 | Support TrinityCare Hospice | CA | 501(c)(3) | Line 7 | Providence TrinityCare Hospice | | No |
| (18) Providence Little Company of Mary Foundation 4101 Torrance Blvd Torrance, CA 90503 51-0224944 | Support Little Company of Mary Service Area | CA | 501(c)(3) | Line 7 | PHS - So California | | No |
| (19) PH&S FoundationSFVSA & SCVSA 501 S Buena Vista Street Burbank, CA 91505 95-3544877 | Support Program & Activities of SFVSA & SCVSA | CA | 501(c)(3) | Line 7 | PHS - So California | | No |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|---|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| (41) Providence Hospice of Seattle Foundation 425 Pontius Avenue North 300 Seattle, WA 981095452 91-2077378 | Support Hospice of Seattle | WA | 501(c)(3) | Line 11/Type I | PH & S - Washington | | No |
| (1) Providence Health & Services - Western Washington 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1303277 | Healthcare | WA | 501(c)(3) | Line 3 | Providence Ministries WHC | | No |
| (2) Providence Health & Services 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1549796 | Shell Corporation | WA | 501(c)(3) | Line 11/Type II | Providence Ministries | | No |
| (3) Providence Health & Services - Montana 500 W Broadway PO Box 4587 Missoula, MT 598064587 81-0231793 | Healthcare | MT | 501(c)(3) | Line 3 | PH & S - Washington | | No |
| (4) Providence St Joseph Medical Center PO Box 1010 Polson, MT 598601010 81-0463482 | Healthcare | MT | 501(c)(3) | Line 3 | PH & S - Washington | | No |
| (5) St Thomas Child and Family Center 1710 Benefis Court Great Falls, MT 59405 81-0233495 | Early Childhood Education | MT | 501(c)(3) | Line 9 | PH & S - Washington | | No |
| (6) Sisters of Providence of Montana Corporation 1801 Lind Avenue SW 9016 Renton, WA 980579016 26-2612415 | Shell Corporation | MT | 501(c)(3) | Line 1 | PH & S - Washington | | No |
| (7) Providence Health Care Foundation - Eastern Washington 101 W 8th Ave Spokane, WA 99204 32-0014330 | Support PH&S-WA Ministries in E WA | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (8) St Patrick Hospital Foundation 500 West Broadway PO Box 4587 Missoula, MT 598064587 23-7056976 | Support Healthcare in W Montana | MT | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (9) University of Great Falls 1301 20th Street South Great Falls, MT 59405 81-0231777 | Post Secondary Education | MT | 501(c)(3) | Line 2 | PH & S - Washington | | No |
| (10) E WA & MT Unemployment Compensation Insurance Trust 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1082119 | Unemployment Benefits | WA | 501(c)(3) | Line 11/Type I | PH & S - Washington | | No |
| (11) Providence Willamette Falls Medical Foundation 1500 Division Street Oregon City, OR 97045 93-1003750 | Support Willamette Falls Hospital | OR | 501(c)(3) | Line 11/Type I | PH & S - Oregon | | No |
| (12) Providence Hood River Memorial Hospital Foundation Inc 811 13th St Hood River, OR 97031 93-0921990 | Support Providence Hood River Memorial Hospital | OR | 501(c)(3) | Line 7 | PH & S - Oregon | | No |
| (13) Providence Hospice and Home Care Foundation 2731 Wetmore Avenue Suite 500 Everett, WA 98201 27-2552749 | Support Program & Ministries of PHHC | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (14) Providence St Mary Foundation 401 W Poplar St Walla Walla, WA 99362 45-2841492 | Support Program & Ministries of SMMC | WA | 501(c)(3) | Line 7 | PH & S - Washington | | No |
| (15) Facey Medical Foundation 15451 San Fernando Mission Blvd 200 Mission Hills, CA 913451420 95-4322584 | Support Facey Medical Group | CA | 501(c)(3) | Line 7 | PHS - So California | | No |
| (16) Swedish Health Services 747 Broadway Seattle, WA 98122 91-0433740 | Healthcare | WA | 501(c)(3) | Line 3 | Western HealthConnect | | No |
| (17) Swedish Edmonds 21601 76th Ave W Edmonds, WA 98026 27-2305304 | Healthcare | WA | 501(c)(3) | Line 3 | Western HealthConnect | | No |
| (18) Swedish Medical Center Foundation 747 Broadway Seattle, WA 98122 91-0983214 | Support Swedish Health Services | WA | 501(c)(3) | Line 7 | Swedish Health Services | | No |
| (19) Global To Local Health Initiative 2800 South 192nd St 104 SeaTac, WA 98188 27-3133200 | Healthcare | WA | 501(c)(3) | Line 7 | Swedish Health Services | | No |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|---|--|-------------------------------|---|---------------------------------------|--|----|
| | | | | | | Yes | No |
| (61) Swedish MJM Holdings 747 Broadway Seattle, WA 98122 27-3139262 | Holding Company | WA | 501(c)(3) | Line 11/Type I | Swedish Health Services | No | |
| (1) Marsha Rivkin Center for Ovarian Cancer Research 747 Broadway Seattle, WA 98122 91-2054035 | Ovarian Cancer Research | WA | 501(c)(3) | Line 7 | Swedish Health Services | No | |
| (2) Western HealthConnect 747 Broadway Seattle, WA 98122 45-4171900 | Shell Corporation | WA | 501(c)(3) | Line 11/Type II | PH&S Western Washington | No | |
| (3) Inland Northwest Health Services 601 W 1st Avenue Spokane, WA 99201 91-1307555 | Healthcare | WA | 501(c)(3) | Line 3 | PH&S - Washington | No | |
| (4) Kadlec Regional Medical Center 888 Swift Blvd Richland, WA 99352 91-0655392 | Healthcare | WA | 501(c)(3) | Line 3 | Western HealthConnect | No | |
| (5) Kadlec Neurological Resource Center 1268 Lee Blvd Richland, WA 99352 91-1266345 | Healthcare | WA | 501(c)(3) | Line 9 | Western HealthConnect | No | |
| (6) Kadlec Foundation 888 Swift Blvd Richland, WA 99352 23-7005501 | Support Kadlec Regional Medical Center | WA | 501(c)(3) | Line 11/Type I | Kadlec Regional Medical Center | No | |
| (7) PacMed Clinics 1200 12th Ave S Seattle, WA 98144 56-2290878 | Healthcare | WA | 501(c)(3) | Line 9 | Western HealthConnect | No | |
| (8) Providence Saint John's Health Center 2121 Santa Monica Blvd Santa Monica, CA 90404 95-1684082 | Healthcare | CA | 501(c)(3) | Line 3 | PHS - So California | No | |
| (9) John Wayne Cancer Institute 2200 Santa Monica Blvd Santa Monica, CA 90404 95-4291515 | Cancer Treatment | CA | 501(c)(3) | Line 4 | Providence Saint John's Health Center | No | |
| (10) Saint John's HospitalHealth Center Foundation 2121 Santa Monica Blvd Santa Monica, CA 90404 95-6100079 | Support Saint John Health Center & JWCI | CA | 501(c)(3) | Line 7 | Providence Saint John's Health Center | No | |
| (11) Sisters of Charity Leavenworth Health System (Thru 228) 2420 W 26th Avenue Suite 100D Denver, CO 80211 23-7379161 | Support MMBRS | KS | 501(c)(3) | Line 11b/Type II | N/A | No | |
| (12) CARITAS Clinics (Thru 228) 818 North 7th Street Leavenworth, KS 66048 48-1009910 | Clinic SVCS | KS | 501(c)(3) | Line 3 | SCLHS | No | |
| (13) Marian Clinics (Thru 228) 1001 SW Garfield Topeka, KS 66604 48-1046905 | Clinic SVCS | KS | 501(c)(3) | Line 3 | SCLHS | No | |
| (14) Marillac Clinic Inc (Thru 228) 2333 N 6th Street Grand Junction, CO 81501 84-1085822 | Clinic SVCS | CO | 501(c)(3) | Line 3 | SCLHS | No | |
| (15) Providence Medical Center (Thru 228) 8929 Parallel Parkway Kansas City, KS 66112 48-0784446 | Healthcare | KS | 501(c)(3) | Line 3 | SCLHS | No | |
| (16) St John Hospital Inc (Thru 228) 3500 South Fourth Street Leavenworth, KS 66048 48-0543768 | Healthcare | KS | 501(c)(3) | Line 3 | PMC | No | |
| (17) Bethany Community Plaza Inc (Thru 228) 15 North 12th Street Kansas City, KS 66102 48-1207407 | Healthcare | KS | 501(c)(3) | Line 3 | PMC | No | |
| (18) ProvidenceSt John Foundation Inc (Thru 228) 8929 Parallel Parkway Kansas City, KS 66112 48-0925688 | Support 501(C)(3) | KS | 501(c)(3) | Line 7 | PMC | No | |
| (19) St Francis Health Center Inc (Thru 228) 1700 SW 7th Street Topeka, KS 66606 48-0547719 | Healthcare | KS | 501(c)(3) | Line 3 | SCLHS | No | |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|
| | | | | | | Yes No |
| (81) St Francis Health Center Foundation (Thru 228) 1700 SW 7th Street Topeka, KS 66606 48-1092520 | Support 501(C)(3) | KS | 501(c)(3) | Line 11a/Type I | SFHC | No |
| (1) St Mary's Hospital & Medical (Thru 228) 2635 N 7th Street Grand Junction, CO 81502 84-0425720 | Healthcare | CO | 501(c)(3) | Line 3 | SCLHS | No |
| (2) St Mary's Hospital Development Foundation (Thru 228) 2635 N 7th Street Grand Junction, CO 81502 23-7001007 | Support 501(C)(3) | CO | 501(c)(3) | Line 11a/Type I | SMHMC | No |
| (3) Saint Joseph Hospital Foundation (Thru 228) 1835 Franklin Street Denver, CO 80218 84-0735096 | Support 501(C)(3) | CO | 501(c)(3) | Line 11a/Type I | SJH | No |
| (4) Holy Rosary Healthcare (Thru 228) 2600 Wilson Miles City, MT 59301 81-0231792 | Healthcare | MT | 501(c)(3) | Line 3 | SCLHS | No |
| (5) Holy Rosary Healthcare Foundation Inc (Thru 228) 2600 Wilson Miles City, MT 59301 20-2270238 | Support 501(C)(3) | MT | 501(c)(3) | Line 11a/Type I | HRHC | No |
| (6) St Vincent Healthcare (Thru 228) 1233 North 30th Billings, MT 59101 81-0232124 | Healthcare | MT | 501(c)(3) | Line 3 | SCLHS | No |
| (7) St Vincent Healthcare Foundation (Thru 228) PO Box 35200 Billings, MT 59107 81-0468034 | Support 501(C)(3) | MT | 501(c)(3) | Line 7 | SVHC | No |
| (8) St James Healthcare (Thru 228) 400 South Clark Street Butte, MT 59701 81-0231785 | Healthcare | MT | 501(c)(3) | Line 3 | SCLHS | No |
| (9) St James Healthcare Foundation (Thru 228) 400 South Clark Street Butte, MT 59701 65-1202190 | Support 501(C)(3) | MT | 501(c)(3) | Line 11a/Type I | SJHC | No |
| (10) Exempla Luheran Medical Center Foundation (Thru 228) 2480 W 26th Avenue Suite 360B Denver, CO 80211 20-8846152 | Support 501(C)(3) | CO | 501(c)(3) | Line 7 | SCL-HFR INC | No |
| (11) Exempla Good Samaritan Medical Cter FDN (Thru 228) 200 Exempla Circle Lafayette, CO 80026 84-1649162 | Support 501(C)(3) | CO | 501(c)(3) | Line 7 | SCL-HFR INC | No |
| (12) Luth Med Ctr Pro&Gen Lab Self-Ins Trst (Thru 228) 2480 W 26th Avenue Suite 360B Denver, CO 80211 74-2571584 | Insurance | CO | 501(c)(3) | Line 11a/Type I | SCL-HFR INC | No |
| (13) Saint Joseph Hospital(Thru 228) 1835 Franklin Street Denver, CO 80218 84-0417134 | Healthcare | CO | 501(c)(3) | Line 3 | SCLHS | No |
| (14) Mount St Vincent Home Inc (Thru 228) 4159 Lowell Boulevard Denver, CO 80211 84-0405260 | Resident Care | CO | 501(c)(3) | Line 11a/Type I | SCLHS | No |
| (15) SCL Health-Front Range Inc (Thru 228) 2420 W 26th Avenue Suite 100D Denver, CO 80211 84-1103606 | Hospital SVCS | CO | 501(c)(3) | Line 3 | SCLHS | No |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | (k) Percentage ownership | | | |
|--|------------------------------|---|--|---|---------------------------------|--|---|--|--|--------------------------------|----|-----|----|
| | | | | | | | | | | Yes | No | Yes | No |
| Providence Imaging Center 3340 Providence Drive Anchorage, AK 99508 92-0118807 | Medical Imaging | AK | N/A | | | | | | | | | | |
| California Laboratory Associates LLC 501 Buena Vista Burbank, CA 91505 27-3888692 | Outpatient Lab | CA | N/A | | | | | | | | | | |
| Broadway Imaging LLC 500 W Broadway Missoula, MT 59802 52-2405971 | Medical Imaging | MT | N/A | | | | | | | | | | |
| Ctr for Med Imaging- Bridgeport LLC 4400 NE Halsey 495 Portland, OR 97213 26-0796953 | Imaging - Diagnostics | OR | N/A | | | | | | | | | | |
| Ctr for Med Imaging- Tanasbourne LLC 4400 NE Halsey 495 Portland, OR 97213 20-0477972 | Imaging - Diagnostics | OR | N/A | | | | | | | | | | |
| Pathology Associates Medical Laboratories LLC 611 N Perry Spokane, WA 99202 27-0943279 | Outpatient Lab | WA | N/A | | | | | | | | | | |
| Portland Medical Imaging LLC 4400 NE Halsey 495 Portland, OR 97213 20-1054971 | Imaging - Diagnostics | OR | N/A | | | | | | | | | | |
| Oregon Advanced Imaging LLC 881 O Hare Parkway Medford, OR 97504 45-0471748 | Medical Imaging | OR | N/A | | | | | | | | | | |
| Minor & James Medical PLLC 515 Minor Avenue 200 Seattle, WA 98104 91-1340223 | Physician Clinic | WA | N/A | | | | | | | | | | |
| Providence Surgery Center LLC 902 N Orange St Missoula, MT 59802 84-1401625 | Ambulatory Surgery Center | MT | N/A | | | | | | | | | | |
| Clackamas Radiation Oncology Center LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 26-0381897 | Radiation Oncology | OR | N/A | | | | | | | | | | |
| PETCT Imaging at Swedish Cancer Institute LLC 1221 Madison Street Seattle, WA 98104 20-3132044 | Medical Imaging | WA | N/A | | | | | | | | | | |
| PacLab LLC 611 N Perry Spokane, WA 99202 91-1743952 | Outpatient Lab | WA | N/A | | | | | | | | | | |
| The Madison Spokane Inn LLC 15 West Rockwood Blvd Spokane, WA 99204 84-1606484 | Hotel Services | WA | N/A | | | | | | | | | | |
| Center for Specialty Surgery LLC 11782 SW Barnes Rd Portland, OR 97225 26-3638838 | Ambulatory Surgery Center | OR | N/A | | | | | | | | | | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | (k) Percentage ownership |
|--|--------------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|--|-------------------------------------|-----------------------------|
| Oregon Outpatient Surgery Center 7300 SW Childs Rd Tigard, OR 97224 22-3883387 | Ambulatory Surgery Center | OR | N/A | | | | Yes | No | Yes | No |
| ProvidenceUSP Santa Clarita GP LLC 11550 Indian Hills Road 160 Mission Hills, CA 91345 20-2829660 | Ambulatory Surgery Center | CA | N/A | | | | | | | |
| ProvidenceUSP Surgery Ctrs LLC 11550 Indian Hills Road 160 Mission Hills, CA 91345 20-0905938 | Ambulatory Surgery Center | CA | N/A | | | | | | | |
| Alpha Medical Laboratory LLC 611 N Perry Spokane, WA 99202 91-2017347 | Outpatient Lab | ID | N/A | | | | | | | |
| Greater Valley Medical Building LP 501 S Buena Vista St Burbank, CA 91505 95-4570858 | Real Estate - MOB | CA | N/A | | | | | | | |
| Prov Radiation Oncology Develop Assn LLC 4400 NE Halsey 495 Portland, OR 97213 26-0682491 | Real Estate - MOB | OR | N/A | | | | | | | |
| Providence Partners for Health LLC 501 S Buena Vista St Burbank, CA 91505 45-4041798 | Clinical Quality & Integration | CA | N/A | | | | | | | |
| ProvidenceSilverton Rehab LLC 4400 NE Halsey 425 Portland, OR 97213 48-1287267 | Rehab Services | OR | N/A | | | | | | | |
| Southern Idaho Regional Laboratory LLC 611 N Perry Spokane, WA 99202 82-0511819 | Outpatient Lab | ID | N/A | | | | | | | |
| Mountainstar Clinical Laboratories LLC 611 N Perry Spokane, WA 99202 26-1345983 | Outpatient Lab | MT | N/A | | | | | | | |
| Tri-Cities Laboratory LLC 611 N Perry Spokane, WA 99202 91-1773986 | Outpatient Lab | WA | N/A | | | | | | | |
| Pavillon Imaging LL (Thru 228) 750 Wellington Avenue Grand Junction, CO 81501 03-0516198 | Radiology | CO | N/A | | | | | | | |
| Healthcare Management LLC (Thru 228) PO Box 1929 Grand Junction, CO 81502 84-1238904 | Management Services | CO | N/A | | | | | | | |
| San Juan Cancer Center (Thru 228) 600 S 5th Street Montrose, CO 81401 20-2856331 | OP Cancer | CO | N/A | | | | | | | |
| Denver W Endoscopy (Thru 228) 13952 Denver W Pkwy Lakewood, CO 80401 46-0788218 | OP Endoscopy | CO | N/A | | | | | | | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | (k) Percentage ownership | | | |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|---|-------------------------------------|-----------------------------|----|-----|----|
| | | | | | | | | | | Yes | No | Yes | No |
| Lutheran Campus ASC (Thru 228) 3455 N Lutheran Pkwy 150 Wheat Ridge, CO 80033 02-0749532 | OP Surgery | CO | N/A | | | | | | | | | | |
| Colorado Surgical V (Thru 228) 1675 Broadway Chicago, IL 60606 20-8038915 | OP Surgery | CO | N/A | | | | | | | | | | |
| Colorado Surgical H (Thru 228) 1675 Broadway Chicago, IL 60606 20-8038977 | OP Surgery | CO | N/A | | | | | | | | | | |
| MED-MAP LLC (Thru 228) 701 N 31st Street 730 Billings, MT 59103 81-0491356 | Rental Real Estate | MT | N/A | | | | | | | | | | |
| Yellowstone Surgery (Thru 228) 1144 N 28th Street Billings, MT 59101 72-1519467 | OP Surgery | MT | N/A | | | | | | | | | | |
| Athletic Med & Perf (Thru 228) 1144 N 28th Street Billings, MT 59101 27-2270640 | Physical Therapy | MT | N/A | | | | | | | | | | |
| Twentieth Street GP (Thru 228) 1339 20th Street 140 Pasadena, CA 91101 95-3974903 | Rental Real Estate | CA | N/A | | | | | | | | | | |
| St John's Medical Plaza LP 201 South Lake Avenue Ste 507 Pasadena, CA 91101 95-3983096 | Rental Real Estate | CA | N/A | | | | | | | | | | |
| All Care Home Health (Thru 228) 10170 E Mississippi Avenue Denver, CO 80247 46-2418729 | Home Care | DE | N/A | | | | | | | | | | |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? |
|--|-----------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|
| Yes | No | | | | | | | |
| Providence Health Ventures Inc 4101 Torrance Blvd Torrance, CA 90503 33-0122216 | Investment | CA | N/A | C | | | | No |
| Caron Health Corporation 510 W Front St Missoula, MT 59802 81-0486082 | Medical Physician Service | MT | N/A | C | | | | No |
| Providence Health Care Ventures Inc 101 W 8th Ave TAF C-9 Spokane, WA 99204 90-0155714 | Clinical/Medical Lab | WA | N/A | C | | | | No |
| Providence Physician Services Co 101 W 8th Ave TAF C-9 Spokane, WA 99204 91-1216033 | Clinical/Medical Lab | WA | N/A | C | | | | No |
| Yakima Medical Arts Inc 611 N Perry 100 Spokane, WA 99202 91-0787963 | Rental Real Estate | WA | N/A | C | | | | No |
| Bourget Health Services Inc PO Box 2687 Spokane, WA 99220 91-1354431 | Clinical/Medical Lab | WA | N/A | C | | | | No |
| 1221 Madison Street Owners Assoc 747 Broadway Seattle, WA 98122 20-1954319 | Owners' Association | WA | N/A | C | | | | No |
| Washington Cancer Centers PC 1560 N 115th G-16 Seattle, WA 98133 91-1792791 | Cancer Treatment | WA | N/A | C | | | | No |
| Western HealthConnect Ventures Inc 1801 Lind Ave SW 9016 Renton, WA 98057 80-0953654 | Investment | WA | N/A | C | | | | No |
| PHN Holdings 20555 Earl Street Torrance, CA 90503 46-1814184 | Strategic Planning Services | CA | N/A | C | | | | No |
| Providence Health Network 20555 Earl Street Torrance, CA 90503 80-0886966 | Prepaid Healthcare | CA | N/A | C | | | | No |
| CARITAS Inc and Subsidiaries 2420 W 26th Avenue Ste 100D Denver, CO 80211 48-0941069 | Healthcare | KS | N/A | C | | | | No |
| Leaven Insurance Company LTD 23 Lime Tree Bay Avenue PO Box 1 Georgetown, Grand Cayman CJ 98-0370522 | Insurance | CJ | N/A | C | | | | No |